Exhibit 12

MUNDY PAIN CLINIC
6240 RASHELLE DR. SUITE 103 FLINT, MI 48507
PHONE: 810-232-9800, FAX: 810-232-7710

Occupational Therapy Prescription

Patients Name: _____ Date 10-20-10

Diagnosis: 1. _____

Diagnosis: 2. _____

Diagnosis: 3 _____

Diagnosis: 4 _____

Evaluate & Treat: _____ Area: LD

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Frequency: 3 times/week Duration: 4 weeks Onset Date: 5-18-10

Precautions: _____

Physicians Name: Martin Quiroga, DO

Physicians Signature: _____ Date: 10-20-10

Choice HouseCall

17200 E. 10 Mile Rd. Suite 135
Eastpointe, MI 48021
Phone: (586) 279-3200 Fax: (586) 279-3184

22 BN9305

Physical Therapy Prescription

Patients Name: _____ Date 6/23/10

Diagnosis: 1. CTL Strain

Diagnosis: 2. _____

Diagnosis: 3 _____

Diagnosis: 4 _____

Evaluate & Treat: X Area: CTL Spine

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Frequency: 3 times/week Duration: 4 weeks Onset Date: _____

Precautions: _____

Physicians Name: Martin Quiroga, DO

Physicians Signature: _____ Date: 6/23/10

[redacted]

Choice HouseCall
17200 E. 10 Mile Rd. Suite 135
Eastpointe, MI 48021
Phone: (586) 279-3200 Fax: (586) 279-3184

Occupational Therapy Prescription

Patients Name: [redacted] Date 10/27/10

Diagnosis: 1. Post MVA H.A

Diagnosis: 2.

Diagnosis: 3

Diagnosis: 4

Evaluate & Treat: X Area: Head

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Frequency: 3 times/week Duration: 4 weeks Onset Date: _____

Precautions: _____

Physicians Name: Martin Quiroga, DO

Physicians Signature: [signature] Date: 10/27/10

Choice HouseCall
17200 E. 10 Mile Rd. Suite 135
Eastpointe, MI 48021
Phone: (586) 279-3200 Fax: (586) 279-3184

Physical Therapy Prescription

Patients Name: _____ Date 12/22/10

Diagnosis: 1. Cervical / Lumbar Strain Myofascial

Diagnosis: 2. _____

Diagnosis: 3 _____

Diagnosis: 4 _____

Evaluate & Treat: X Area: C/L

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Frequency: 3 times/week Duration: 4 weeks Onset Date: _____

Precautions: _____

Physicians Name: Andrew Ruden, M.D.

Physicians Signature: _____ Date: 12/22/10

17200 E. 10 Mile Rd. Suite 135
Eastpointe, MI 48021
Phone: (586) 279-3200 Fax: (586) 279-3184

Physical Therapy Prescription

Patients Name: _____ Date 9/22/10

Diagnosis: 1. CTL Strain No Rad

Diagnosis: 2. _____

Diagnosis: 3 _____

Diagnosis: 4 _____

Evaluate & Treat: X Area: CTL Spine

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Frequency: 3 times/week Duration: 4 weeks Onset Date: _____

Precautions: _____

Physicians Name: Martin Quiroga, DO

Physicians Signature: _____ Date: 9/22/10

Choice HouseCall
17200 E. 10 Mile Rd. Suite 135
Eastpointe, MI 48021
Phone: (586) 279-3200 Fax: (586) 279-3184

Occupational Therapy Prescription

Patients Name: _____ Date 9/22/10

Diagnosis: 1. Post Concussive H.A.

Diagnosis: 2. _____

Diagnosis: 3 _____

Diagnosis: 4 _____

Evaluate & Treat: X Area: Head.

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Evaluate & Treat: _____ Area: _____

Frequency: 3 times/week Duration: 4 weeks Onset Date: _____

Precautions: _____

Physicians Name: Martin Quiroga, DO

Physicians Signature: _____ Date: 9/22/10